

# Image Release Form

In consideration of participation in the Clarksburg Sports Association, the undersigned agrees that their likeness, or the likeness of their child/ward, may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the sports program.

X \_\_\_\_\_  
(Parent/Guardian Signature) (Print Name)

X \_\_\_\_\_  
(Parent/Guardian Signature) (Print Name)

Date: \_\_\_\_\_

Names of Children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_